

**Cora Sue Smith
From The Heart**

Scholarship Application

APPLICANT INFORMATION

First Name: _____ **Middle Name:** _____

Last Name: _____ **Date of Birth:** _____

Social Security Number: _____

Gender (please circle ONE): **MALE FEMALE TRANSGENDER GENDER-VARIANT**

Heritage (please circle ONE): **AFRICAN AMERICAN EUROPEAN AMERICAN HISPANIC AMERICAN**
PACIFIC ISLANDER ASIAN AMERICAN NATIVE AMERICAN

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ **Zip Code:** _____

Email: _____ **Phone Number:** _____

Indicate your type of application (please circle ONE): **FIRST-TIME APPLICANT RENEWAL APPLICANT**

USE OF SCHOLARSHIP FUNDS

Scholarship payment will be made to this institution

Name of Institution: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip Code: _____

Declared Major/Emphasis of Study: _____

Anticipated Start Date: _____

Anticipated Graduation Date: _____

Anticipated Degree (please circle ONE): Associate's Degree Bachelor's Degree
Master's Degree Doctoral Degree
Certificate (Non-Degree) Licensure (Non-Degree)
Professional Development (Non-Degree)

Classification (During the fall semester, I will be a...) (please circle ONE): Freshmen Sophomore
Junior Senior

Status (please circle ONE): Part-Time Student Full-Time Student

Proof of Enrollment (or acceptance if not currently enrolled): Upload/Attach Document

Name of Parent or Primary Guardian Who Passed Away from Heart Disease or Diabetes:

Upload Death Certificate or Proof of Cause of Death: Upload/Attach Document

ACADEMIC HISTORY

1. School/University: _____
1a. Address Line 1: _____
1b. Address Line 2: _____
1c. City: _____
1d. State: _____
1e. Zip Code: _____
1f. Degree Earned: _____
1g. Upload Transcript: **Upload/Attach Document**
1h. Graduation Date: _____
1i. GPA: _____

1. School/University: _____
2a. Address Line 1: _____
2b. Address Line 2: _____
2c. City: _____
2d. State: _____
2e. Zip Code: _____
2f. Degree Earned: _____
2g. Upload Transcript: **Upload/Attach Document**
2h. Graduation Date: _____
2i. GPA: _____

FINANCIAL NEED

A. Comprehensive College/University Fees for an Academic Year (tuition, books, room and board, fees)

\$ _____

B. Total amount of all awards/scholarships from College/University, Government for Academic Year (State, Federal, Local), and other sources (not including loans)

\$ _____

C. Anticipated Family Contribution for Academic Year

\$ _____

Financial Need for Academic Year (Subtract lines B and C from Line A)

\$ _____

Requested Scholarship Amount (up to \$3,000)

\$ _____

COMMUNITY SERVICE and VOLUNTEER EXPERIENCE

Provide the contact information for your organization. Please inform them they will be contacted to verify your experience and provide a reference

Organization: _____

Position/Title: _____

Start Date: _____ End Date: _____

Contact's First Name: _____

Contact's Last Name: _____

Contact's Title: _____

Contact's Phone Number: _____

Contact's Email: _____

ACADEMIC ADVISOR REFERENCE

Provide the contact information for your current Academic Advisor/Education Counselor, who will be contacted via email to verify the reference, verify your current student status, and provide your cumulative grade point average (GPA).

A written reference must be provided from your current Academic Advisor/Education Counselor on official company letterhead and must be uploaded to this site before the March 8th deadline. Your application will not be considered if this request is not met.

Contact's Organization: _____

Contact's First Name: _____

Contact's Last Name: _____

Contact's Title: _____

Contact's Phone Number: _____

Contact's Email: _____

PERSONAL STATEMENT

Describe your proposed plan of study and career plans. Share your current career goals and why you chose them (upload/attach document or complete below) 250 words or less:

Please identify any courses you plan to complete that are important to your career plans 250 words or less:

Why Are You the Best Candidate for This Scholarship? (upload/attach document or complete below) 250 words or less:

It is important to show donors that their gifts are used as intended. It is also important to invite persons to make new gifts that will strengthen Cora Sue Smith From The Heart.

You may be invited to “tell your story” in ways that thank past donors and inspire prospective donors.

Do you agree, if selected as a scholarship recipient, to have likeness printed in official literature and participate in Cora Sue Smith From The Heart media (if any) related to this scholarship? (please circle ONE): **YES** OR **NO**

If invited (expenses covered) I agree to attend The CSSFHS retreat (please circle ONE): **YES** OR **NO**

By providing your full name in the box, you are certifying that this information is correct and true to the best of your knowledge and belief. You are also authorizing the appropriate members of the Cora Sue Smith From The Heart staff and evaluators to review the content of this application. Please write and sign your official signature.

*Thank you for your interest in the Cora Sue Smith From The Heart Scholarship Fund.